FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR HIGHER LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:							
Estimated average burden							
hours per response	16.00						

SEC	USE ON	LY
Prefix		Serial
DA	TE RECEIVED	5
	- 1	

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Prom Resources, Inc. \$1m 504 Offering	11 13
Filing Under (Check box(es) that apply):	□ ULOE
A. BASIC IDENTIFICATION DATA	11
1. Enter the information requested about the issuer	<
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Prom Resources, Inc.	1010 R
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
220 soi Prem Sombat 5, Pracha Songkro, Din Deang Bangkok 10400, Thailand	(945) 697-2199
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PHOCESSED
	MAR 2 1 2007
Type of Business Organization organization organization limited partnership, already formed business trust limited partnership, to be formed other (p	clease specify): THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: Month Year O 2 9 6	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

· ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	
Dror Moradov	ner
220 soi Prem Sombat 5, Pracha Songkro, Din Deang Bangkok 10400, Thailand Check Box(es) that Apply:	
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	
Check Box(es) that Apply:	ner
Check Box(es) that Apply:	
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	
Business or Residence Address (Number and Street, City. State, Zip Code) Check Box(es) that Apply:	ner
Check Box(es) that Apply:	
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	ner
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Part Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Part Full Name (Last name first, if individual)	
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Part Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Part Full Name (Last name first, if individual)	ner
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Part Full Name (Last name first, if individual)	
Full Name (Last name first, if individual)	
	.ner
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Part	ner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

				В. І	NFORMAT	ION ABOU	T OFFERI	NG				
1. Has th	a icenar cal	d, or does t	ha isanan i	ntand ta aa	II tomono	المعانات ومما	instructions in	, this offi	المما		Yes	No
i. Has tii	e issuel sui	u, or uoes t			n, to non-a Appendix				•	***************************************		X
2. What	s the minin	ıum investn					=				_{\$} 10,	00.00
											Yes	No
	Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, a											X
commi If a per or state	ssion or sin son to be li es, list the n	tion requestilar remune sted is an astame of the b you may s	cration for s sociated pe proker or d	solicitation erson or age ealer. If me	of purchas ent of a brok ore than fiv	ers in conn cer or deale e (5) person	ection with r registere ns to be list	sales of sed d with the S ded are asso	curities in t SEC and/or	he offering with a stat	e e	
Full Name	(Last name	first, if ind	ividual)								•	
Business of	Residence	Address (N	Number and	d Street, C	ity, State, 7	Zip Code)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Persor	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			<u>-</u>			
(Check	"All State	s" or check	individual	States)	*******		•••••		**************	• • • • • • • • • • • • • • • • • • • •	AI	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)								***	
Business o	r Residence	Address (1	Number an	id Street, C	ity, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
		s" or check							**************	*************		1 States
AL	AK	[AZ]	AR	CA	CO	СТ	DE	DC	FL	GA	HI	[ID]
IL.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NI	NM	NY	NC	ND	ЮH	ŌK]	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if indi	ividual)					<u> </u>				
Business o	r Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	ssociated B	roker or De	aler						<u> </u>			
Ctatas in W	high Dogo-	Timed II.	- C-1:-:4J	1 1-	C-1:-:- I	D	•					
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)									States		
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	 [H]	[ID]
IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		\$
	Equity	1,000,000.00	\$_160,000.00
	✓ Common ☐ Preferred		
	Convertible Securities (including warrants)	5	\$
	Partnership Interests	S	\$
	Other (Specify)	<u> </u>	\$
	Total	1,000,000.00	<u>\$_160,000.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$ <u>160,000.00</u>
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)	1	\$ <u>160,000.00</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	Common Stock	<u>\$ 10,000.00</u>
	Total		\$_10,000.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$100.00
	Printing and Engraving Costs		\$
	Legal Fees		\$ 13,000.00
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	_	\$
	Total		\$ 13,100.00

	C. OFFERING PRICE	, number of investors, expen	SES AND USE OF PROCEEDS	***************************************
	b. Enter the difference between the aggregat and total expenses furnished in response to Pa proceeds to the issuer."	rt C - Question 4.a. This difference is	the "adjusted gross	\$
5.	Indicate below the amount of the adjusted greach of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response	for any purpose is not known, furnitotal of the payments listed must equa	ish an estimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	***************************************		_ []\$
	Purchase of real estate	***************************************	5	[]\$
	Purchase, rental or leasing and installation and equipment	of machinery	□ \$	ms
	Construction or leasing of plant buildings a		 -	
	• •			- LJ*
	Acquisition of other businesses (including offering that may be used in exchange for t	he assets or securities of another		
	issuer pursuant to a merger)		— :	
	Repayment of indebtedness			
	Working capital			N 2 200,200.00
	Other (specify):			_ U\$
	Column Totals			
	Total Payments Listed (column totals adde	d)d)	2 5.	988,900.00
Γ		D. FEDERAL SIGNATU	RE	
sig	e issuer has duly caused this notice to be signed nature constitutes an undertaking by the issue information furnished by the issuer to any n	r to furnish to the U.S. Securities and	Exchange Commission, upon writ	
Iss	uer (Print or Type)	Signature	Date	
Pr	om Resources, Inc.	Signature	966 1/23/2007 2	15/2007
Na	me of Signer (Print or Type)	Title of Signer (Print or Ty	De)	
Dec	r Moradov	President		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE								
1.		presently subject to any of the disqualificati		Yes	No W					
	· s	See Appendix, Column 5, for state response.								
2.	 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. 									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished issuer to offerees.									
4.	limited Offering Exemption (ULOE) of the	e issuer is familiar with the conditions that m e state in which this notice is filed and unders lishing that these conditions have been satisf	stands that the issuer cla							
	per has read this notification and knows the co thorized person.	ontents to be true and has duly caused this notic	ce to be signed on its beh	alf by the	undersigned					
Issuer (Print or Type)	Signature	Date							
Prom Resources, Inc. 4/23/2007 2/15/2007										

Title (Print or Type)

President

Name (Print or Type)

Dror Moradov

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1 2 3 4 5 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell Type of investor and explanation of offering price to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes **Investors Investors** Yes No State No Amount Amount ۸L AK AZAR $\mathsf{C}\mathsf{A}$ CO CTDE DC FL $\mathsf{G}\mathsf{A}$ н ID IL IN IΑ KS KY LA ME MD MA ΜI common stock, MN\$60,000.00 1 × \$1,000,000 MS

APPENDIX

APPENDIX 5 3 4 2 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State investors in State offered in state waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No **Investors** Investors Amount Yes No State Amount MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RΙ SC SD TNTX UT VTVA $\mathbf{W}\mathbf{A}$ wv

WI

	APPENDIX											
1		2	3			5 Disqua	lification					
	to non-a	to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	unde (if Type of investor and exp amount purchased in State wa		amount purchased in State (Part C-Item 2)			ate ULOE attach ation of granted) -Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												